

Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- ▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning **07/01/09**, and ending **06/30/10**

B Check if applicable:	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INTL LIONS MEMONOMIE LIONS CLUB	D Employer identification number 39-6095340
<input type="checkbox"/> Address change		Number and street (or P O box, if mail is not delivered to street address) Room/suite PO BOX 44	E Telephone number 715-232-8483
<input type="checkbox"/> Name change		City or town, state or country, and ZIP + 4 MENOMONIE WI 54751	F Group Exemption Number
<input type="checkbox"/> Initial return			
<input type="checkbox"/> Termination			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method Cash Accrual
Other (specify) ▶

I Website: ▶ **N/A**

J Tax-exempt status (check only one) — 501(c) (**4**) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **117,219**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1	Contributions, gifts, grants, and similar amounts received						
	2	Program service revenue including government fees and contracts					3,190	
	3	Membership dues and assessments	See Statement 1					6,871
	4	Investment income					71	
	5a	Gross amount from sale of assets other than inventory	5a					
	b	Less cost or other basis and sales expenses	5b					
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)						
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>						
	a	Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	106,004				
b	Less direct expenses other than fundraising expenses	6b	58,626					
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)					47,378		
7a	Gross sales of inventory, less returns and allowances	7a	1,083					
b	Less cost of goods sold	7b	906					
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)					177		
8	Other revenue (describe ▶ _____)							
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						57,687	
Expenses	10	Grants and similar amounts paid (attach schedule)						
	11	Benefits paid to or for members						
	12	Salaries, other compensation, and employee benefits						
	13	Professional fees and other payments to independent contractors						
	14	Occupancy, rent, utilities, and maintenance						
	15	Printing, publications, postage, and shipping						
	16	Other expenses (describe ▶ See Statement 2)					95,935	
	17	Total expenses. Add lines 10 through 16					95,935	
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)					-38,248	
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)					52,206	
20	Other changes in net assets or fund balances (attach explanation) See Statement 3					45,000		
21	Net assets or fund balances at end of year. Combine lines 18 through 20					58,958		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

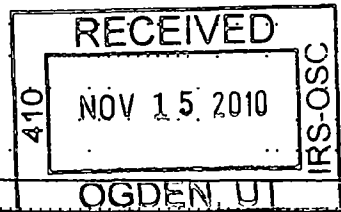
(See the instructions for Part II.)

		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments		52,206	22	58,958
23 Land and buildings			23	
24 Other assets (describe ▶ _____)			24	
25 Total assets		52,206	25	58,958
26 Total liabilities (describe ▶ _____)		0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		52,206	27	58,958

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr		
b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	Section 501(c)(7) organizations Enter:		
a	Initiation fees and capital contributions included on line 9		
b	Gross receipts, included on line 9, for public use of club facilities		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ; section 4912 ; section 4955		
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		X
41	List the states with which a copy of this return is filed WI		
42a	The organization's books are in care of BRAIN SANDNESS Telephone no. 715-232-8483 502 OAK PARK CIRCLE Located at MENOMONIE, WI ZIP + 4 54751		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country:		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
- b If "Yes," was the related organization a section 527 organization?

	Yes	No
46		
47		
48		
49a		
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Sign Here Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: Patrick T. Furey Date: 11/5/10
 Type or print name and title: Patrick T. Furey, President

Paid Preparer's Use Only

Preparer's signature: Richard J. Oldfield Date: 11/05/10 Check if self-employed:
 Firm's name (or yours if self-employed): Richard J. Oldfield, CPA Preparer's Identifying Number (See instr): 391-02-1299
 address, and ZIP + 4: 1814 S. Broadway Menomonie, WI 54751 Phone no: 715-235-4255

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		<u>CAR EVENTS</u> (event type)	<u>SPORTING EVENTS</u> (event type)	<u>None</u> (total number)	(add col (a) through col (c))	
1	Gross receipts	68,646	34,120		102,766	
2	Less: Charitable contributions					
3	Gross revenue (line 1 minus line 2)	68,646	34,120		102,766	
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	43,391	14,985		58,376
	10	Direct expense summary Add lines 4 through 9 in column (d)				58,376
11	Net income summary Combine line 3, column (d), and line 10				44,390	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
7	Direct expense summary Add lines 2 through 5 in column (d)				
8	Net gaming income summary Combine line 1, column d, and line 7				

9	Enter the state(s) in which the organization operates gaming activities:	Yes	No
a	Is the organization licensed to operate gaming activities in each of these states?		X
b	If "No," Explain		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?		X
b	If "Yes," Explain:		
11	Does the organization operate gaming activities with nonmembers?		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?		X

13 Indicate the percentage of gaming activity operated in

- a The organization's facility
- b An outside facility

13a		%
13b		%

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ **BRAIN SANDNESS**
502 OAK PARK CIRCLE
 Address ▶ **MENOMONIE** WI **54751**

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$
- c If "Yes," enter name and address of the third party.

Name ▶

Address ▶

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

- Director/officer Employee Independent contractor

17 Mandatory distributions.

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$

	Yes	No
15a		X
17a		X

Federal Statements

Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

Description

OTHER EXPENSES SEE ATTACHED STATEMENT

Federal Statements**Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments**

<u>Description</u>	<u>Amount</u>
DUES	\$ 6,871
Total	\$ <u>6,871</u>

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

<u>Description</u>	<u>Amount</u>
Expenses	\$
SEE ATTACHED SCHEDULE	50,935
OTHER PRE PAID EXPENSES	45,000
Total	\$ <u>95,935</u>

Statement 3 - Form 990-EZ, Part I, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Other Increases	\$ 45,000
Total	\$ <u>45,000</u>